

09/831596

## ISSUE SLIP STAPLE AREA. (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
EXAMINER			
DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓		7/15/65
2	✓		7/15/65
3	✓		7/15/65
4	✓		7/15/65
5	✓		7/15/65
6	✓		7/15/65
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97	✓		7/15/65
98	✓		7/15/65
99	✓		7/15/65
100	✓		7/15/65

If more than 150 claims or 10 actions  
staple additional sheet here